Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 1 of 47

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | |
|-----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Kiesha First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Malone Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have | ve | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5534 | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 2 of 47

Case number (if known)

Debtor 1 Kiesha Malone

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 171 W. 155th St. Harvey, IL 60426 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 3 of 47

Case number (if known) Debtor 1 Kiesha Malone

| ar | t 2: Tell the Court About | Your Ba | ankruptcy Ca | ise | | | | |
|---------|---|-----------|--------------------------------|-------------------------------------|---|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | n of each, see <i>Notice Required by</i> of page 1 and check the appropriat | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | | |
| | choosing to file under | Chapter 7 | | | | | | |
| | | ☐ Ch | apter 11 | | | | | |
| | | ☐ Ch | apter 12 | | | | | |
| | | ☐ Ch | apter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Ty attorney is sul | pically, if you are paying the fee yo | k with the clerk's office in your local court for more details surself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | | |
| | | | I need to pay The Filing Fe | y the fee in in ee in Installmer | stallments. If you choose this option to (Official Form 103A). | on, sign and attach the Application for Individuals to Pay | | |
| | | | I request that | nt my fee be w uired to, waive | vaived (You may request this option be your fee, and may do so only if yo | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that n installments). If you choose this option, you must fill out | | |
| | | | | | | ial Form 103B) and file it with your petition. | | |
|). | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes | s. | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy | ■ No | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with | ☐ Yes | S. | | | | | |
| | you, or by a business partner, or by an affiliate? | | | | | | | |
| | | | Debtor | - | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your | ■ No. | Go to I | ine 12. | | | | |
| | residence? | ☐ Yes | s. Has yo | our landlord ob | tained an eviction judgment agains | t you and do you want to stay in your residence? | | |
| | | | | No. Go to line | e 12. | | | |
| | | | | Yes. Fill out I bankruptcy pe | | Judgment Against You (Form 101A) and file it with this | | |
| | | | | | | | | |

Document Page 4 of 47 Case number (if known) Debtor 1 Kiesha Malone Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

For example, do you own perishable goods, or

perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Kiesha Malone Document Page 5 of 47 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 6 of 47

| Deb | tor 1 Kiesha Malone | | | Case num | nber (if known) | | | |
|-----|---|------------------------|--|---|--|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or busin | ness debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapte | r 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. are paid that funds will be a | Do you estimate that after any exempt pr vailable to distribute to unsecured credito | roperty is excluded and administrative expenses | | | |
| | administrative expenses | | ■ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | 5001-10,000 | ☐ 50,001-100,000 | | | |
| | owe: | ☐ 100-19 ☐ 200-99 | | ☐ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities | \$0 - \$5 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | to be? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10.000.000.001 - \$50 billion | | | |
| | | _ | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion | | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have exa | ave examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | | | 7, I am aware that I may proceed, if eligib relief available under each chapter, and I | ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | | |
| | | | | not pay or agree to pay someone who is ne notice required by 11 U.S.C. § 342(b). | | | | |
| | | I request | relief in accordance with the | chapter of title 11, United States Code, s | pecified in this petition. | | | |
| | | bankrupto and 3571. | y case can result in fines up | | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519 | | | |
| | | Kiesha I | na Malone Malone of Debtor 1 | Signature of Deb | otor 2 | | | |
| | | Executed | on January 20, 2017 | Executed on | | | | |
| | | | MM / DD / YYYY | <u></u> | MM / DD / YYYY | | | |

Debtor 1 Kiesha Malone Document Page 7 of 47 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michae | l Hoard | Date | January 20, 2017 |
|-----------------|------------------------|---------------|----------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| | _ | | |
| Michael He | oard | | |
| Printed name | | | |
| Hoard Lav | v, P.C. | | |
| Firm name | | | |
| 6000 Fairv | riew Rd., 12th Fl. | | |
| Charlotte, | NC 28210 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 704-954-8094 | Email address | michael@hoardlaw.com |
| 6270907 | | | |
| Bar number & S | tate | | |

Page 8 of 47 Document Fill in this information to identify your case: Debtor 1 **Kiesha Malone** First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as Value o | ssets f what you own |
|-----|--|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 13,027.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 13,027.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 17,214.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 17,489.93 |
| | Your total liabilities | \$ | 34,703.93 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,761.97 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,950.00 |
| Pai | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | | | |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Entered 01/20/17 21:10:05 Desc Main Case 17-01797 Doc 1 Filed 01/20/17 Document

Page 9 of 47
Case number (if known) Debtor 1 Kiesha Malone

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

2,344.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| From Fact For Concurred 27, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | | Document | Page 10 of 47 | | |
|------------------------------|---------------------------------------|---|---|--|--|--|
| Fill in | this info | ormation to identify your | case and this filing: | | | |
| Debto | r 1 | Kiesha Malone | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | r 2 e, if filing) | First Name | Middle Name | Last Name | | |
| (Spouse | s, ii iiiiig) | Filst Name | Middle Name | Last Name | | |
| United | d States I | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case | number | | | | | ☐ Check if this is an |
| Ouoo | | | | _ | | amended filing |
| | | | | | | _ |
| ∪ π: | -:-! = | 'a waa 400 A /D | | | | |
| | | orm 106A/B | | | | |
| Scł | าedu | ıle A/B: Prop | erty | | | 12/15 |
| hink it nforma Answer | fits best. ation. If m every qu | Be as complete and accuratore space is needed, attach uestion. | te items. List an asset only once. If ate as possible. If two married peop a separate sheet to this form. On the | le are filing together, both ar he top of any additional page | e equally responsible for su | pplying correct |
| Part 1: | Describ | be Each Residence, Building | g, Land, or Other Real Estate You O | wn or Have an Interest In | | |
| . Do y | ou own o | or have any legal or equitabl | e interest in any residence, building | ر, land, or similar property? | | |
| . | lo. Go to F | 2-40 | | | | |
| _ | | | | | | |
| ЦΥ | es. vvner | e is the property? | | | | |
| Part 2: | Descri | be Your Vehicles | | | | |
| | s, vans, lo | • | le, also report it on Schedule G: E | | | |
| 3.1 | Make: | Chrysler | Who has an interest in the | he property? Check one | Do not deduct secured cl | |
| | Model: | 200 | Debtor 1 only | | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2014 | ☐ Debtor 2 only | | Current value of the | Current value of the |
| | Approxim | nate mileage: 35 | Debtor 1 and Debtor 2 | , | entire property? | portion you own? |
| - | | ormation: | At least one of the deb | tors and another | | |
| | Value r | e is in good condition. retrieved from Kelly B on November 14, 2016 | lue | nunity property | \$8,429.00 | \$8,429.00 |
| Exal N Y Add paq Part 3: | mples: B | oats, trailers, motors, persolats, trailers, motors, persolater value of the portion have attached for Part 2 | TVs and other recreational vehonal watercraft, fishing vessels, s you own for all of your entries for the second | nowmobiles, motorcycle ac | / entries for | \$8,429.00 Current value of the cortion you own? Do not deduct secured claims or exemptions. |
| Hou | sehold | goods and furnishings | | | | namino or exemplions. |

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Schedule A/B: Property Official Form 106A/B

| 5 | Case 17-01797 | 7 Doc 1 | Filed 01/20/17 Document | Entered 01/20/17 21:1 Page 11 of 47 Case number | .0:05 | Desc Main |
|--------------|---|---------------------|--|---|------------|---------------------------------|
| Debtor 1 | Kiesha Malone | | | Case number | (if known) | |
| Yes. | Describe | | | | | |
| | | | edroom set, table ar 155th St., Harvey IL | | | \$1,000.00 |
| □ No | | | | pment; computers, printers, scanners | s; music c | collections; electronic devices |
| | | | evisions, Cell Phone 155th St., Harvey IL | | | \$300.00 |
| Examp. ■ No | ibles of value les: Antiques and figurine other collections, mei | | | oks, pictures, or other art objects; sta | amp, coin | , or baseball card collections; |
| Examp. ■ No | nent for sports and hobb les: Sports, photographic, musical instruments Describe | | other hobby equipment; | bicycles, pool tables, golf clubs, skis | ; canoes | and kayaks; carpentry tools; |
| ■ No | ms uples: Pistols, rifles, shotgu Describe | uns, ammunitio | n, and related equipmen | t | | |
| □ No | ples: Everyday clothes, fu | rs, leather coa | ts, designer wear, shoes | , accessories | | |
| ■ Yes. | Describe Cloth Locat | ing tion: 171 W. | 155th St., Harvey IL | 60426 | | \$700.00 |
| ■ No | | ostume jewelry | , engagement rings, wed | ding rings, heirloom jewelry, watches | s, gems, (| gold, silver |
| Exam ■ No | arm animals uples: Dogs, cats, birds, ho Describe | orses | | | | |
| ■ No | ther personal and house. Give specific information | - | ou did not already list, i | ncluding any health aids you did n | ot list | |
| | the dollar value of all of art 3. Write that number | | | ny entries for pages you have atta | ched | \$2,000.00 |
| | | | | | | |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 12 of 47

Debtor 1 Kiesha Malone claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash Location: 171 W. 155th St., Harvey IL \$50.00 60426 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Chase Liquid** Chicago, Illinois \$348.00 17.1. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) 401K through Employer \$2,200,00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

page 3

| Debt | or 1 | Case 17-017 | 97 Doc 1 | Filed 01/20/17 Document | Entered 01/20/17 21:10:05 Page 13 of 47 Case number (if known) | Desc Main |
|--------------|-------------------------|---|--|--|--|--|
| | No | , equitable or future i | | rty (other than anythin | g listed in line 1), and rights or powers ex | ercisable for your benefit |
| | Exam _l No | | names, websites, p | ets, and other intellectures, and other intellectures are roceeds from royalties a | nal property nd licensing agreements | |
| | Exam _l No | es, franchises, and coles: Building permits, Give specific informat | exclusive licenses | | n holdings, liquor licenses, professional licens | ses |
| Mon | ey or | property owed to you | u? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | No | funds owed to you Give specific informati | ion about them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| | Exam _l No | support ples: Past due or lump Give specific informati | | usal support, child suppo | ort, maintenance, divorce settlement, propert | y settlement |
| | Exam _l No | amounts someone ovoles: Unpaid wages, di benefits; unpaid l | isability insurance ploans you made to | payments, disability ben someone else | efits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| | | ts in insurance policoles: Health, disability, | | nealth savings account (l | HSA); credit, homeowner's, or renter's insura | nce |
| | l Yes. | Name the insurance o | company of each po Company name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| ! \$ | f you a somed No | | a living trust, exped | someone who has die t proceeds from a life in | ed surance policy, or are currently entitled to rec | ceive property because |
| | | | | you have filed a lawsui surance claims, or rights | t or made a demand for payment to sue | |
| 34. C | Other o | Describe each claim. contingent and unlique Describe each claim. | uidated claims of | every nature, including | g counterclaims of the debtor and rights t | o set off claims |
| | No | ancial assets you di | | | | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 14 of 47

| Den | Kiesna Maione | | Case number (if known) | |
|-------------|--|--------------------------------|------------------------------|-------------|
| 36. | Add the dollar value of all of your entries from Part 4, include for Part 4. Write that number here | | | \$2,598.00 |
| | <u></u> | | | |
| Part | Describe Any Business-Related Property You Own or Have an Ir | nterest In. List any real esta | ate in Part 1. | |
| 7. C | Do you own or have any legal or equitable interest in any business-re | elated property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| Part | 16: Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | ou Own or Have an Intere | st In. | |
| ·6. I | Do you own or have any legal or equitable interest in any far | m- or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| | Do you have other property of any kind you did not already li Examples: Season tickets, country club membership No Yes. Give specific information | | | *** |
| 54. | Add the dollar value of all of your entries from Part 7. Write | that number here | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$8,429.00 | _ | |
| 57. | Part 3: Total personal and household items, line 15 | \$2,000.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$2,598.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | +\$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$13,027.00 | Copy personal property total | \$13,027.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$13,027.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | 1700.11111 | 111 Paue 13 01 47 | | |
|---------------------|--------------------------|-------------------|-------------------|---|------------------------------------|
| Fill in this infor | rmation to identify your | case: | | | |
| Debtor 1 | Kiesha Malone | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | _ | 7 Chapte if this is an |
| (II MIOWII) | | | | L | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | otions are | you claiming? | Check one only | , even if | your spouse i | s filing with | vou. |
|----|--------------------|------------|---------------|----------------|-----------|---------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|---------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2014 Chrysler 200 35374 miles Vehicle is in good condition. Value | \$8,429.00 | • | \$0.00 | 735 ILCS 5/12-1001(c) |
| retrieved from Kelly Blue Book on November 14, 2016. Line from Schedule A/B: 3.1 | | Ц | 100% of fair market value, up to any applicable statutory limit | |
| 2 Couches, one bedroom set, table and chairs | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| Location: 171 W. 155th St., Harvey IL 60426 | | | 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: 6.1 | | | | |
| DVD Player, 2 Televisions, Cell Phone | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| Location: 171 W. 155th St., Harvey IL 60426 | | | 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: 7.1 | | | | |
| Clothing Location: 171 W. 155th St., Harvey IL | \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(a) |
| 60426 Line from <i>Schedule A/B</i> : 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 16 of 47

Case number (if known)

| | Talgeria maiorie | | | | |
|---|--|--------------------------------------|---------|---|------------------------------------|
| | rief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| _ | Cash .ocation: 171 W. 155th St., Harvey IL | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| 6 | ine from <i>Schedule A/B</i> : 16.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Chase Liquid Chicago, Illinois | \$348.00 | | \$150.00 | 735 ILCS 5/12-1001(b) |
| | ine from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 01(k): 401K through Employer | \$2,200.00 | | \$2,200.00 | 735 ILCS 5/12-1006 |
| _ | and none occioadic PVB. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Are you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustmer | nt.) |
| | Yes. Did you acquire the property covered No | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | <u> </u> | | | | |
| | ☐ Yes | | | | |

| Case | e 17-01797 | Doc 1 | Filed 01/20/17 Document | | ed 01/20/17 21:1 7 of 47 | .0:05 Desc N | <i>M</i> ain |
|--|--|----------------------------------|---|-------------------|---|--|-----------------------------------|
| Fill in this informat | tion to identify yo | ur case: | | | | | |
| Debtor 1 | Kiesha Malone First Name | Mic | ddle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Mic | ddle Name | Last Name | | | |
| United States Bankı | ruptcy Court for the | : NORTH | IERN DISTRICT OF ILL | INOIS | | | |
| Case number | | | | | | _ | c if this is an |
| Official Form Schedule D | | s Who I | Have Claims | Secure | ed by Property | 1 | 12/15 |
| | | | | | equally responsible for sup On the top of any addition | | |
| . Do any creditors ha | | | • | | | | |
| _ | | | he court with your other | schedules. | You have nothing else to | report on this form. | |
| Yes. Fill in al | I of the information | below. | | | | | |
| Part 1: List All S | Secured Claims | | | | | 0.1 | 0.1 |
| for each claim. If more | e than one creditor ha | s a particular o | e secured claim, list the cre- claim, list the other creditors ording to the creditor's name | s in Part 2. As | | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 American C | redit Accept | Describe tl | he property that secures t | the claim: | \$17,214.00 | \$8,429.00 | \$8,785.00 |
| 961 E Main Spartanburg | | Vehicle i retrieved Novemb | rysler 200 35374 milis in good condition of from Kelly Blue Bo er 14, 2016. late you file, the claim is: | . Value ook on | | | |
| | ty, State & Zip Code | Unliquic | | | | | |
| Who owes the debt | ? Check one. | ☐ Dispute | | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | An agre | ement you made (such as r n) | mortgage or s | ecured | | |
| Debtor 1 and Debtor At least one of the | - | _ | y lien (such as tax lien, med | chanic's lien) | | | |
| Check if this clain community debt | | _ ~ | ncluding a right to offset) | Purchase | Money Security | | |
| Date debt was incurre | Opened 09/16 Last Active 11/18/16 | Las | t 4 digits of account numb | ber 1001 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$17,214.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$17,214.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 17-01797 Doc 1 | | | 80 01/20/17 21.10.0 8 of 47 | 5 Desc Main |
|------------------------------|---|---|---------------|---------------------------------------|--|
| Fill in | this information to identify your case: | | | | |
| Debto | or 1 Kiesha Malone | | | | |
| | | Middle Name La | st Name | | |
| Debto | | AC-J-U- NI | at Name | | |
| (Spouse | e if, filing) First Name I | Middle Name La | st Name | | |
| United | d States Bankruptcy Court for the: NOR | THERN DISTRICT OF ILLING | DIS | | |
| Case | number | | | | |
| (if know | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| ∩ffi.o | cial Form 106E/F | | | | |
| | edule E/F: Creditors Who H | lavo Uneocurod Cl | aime | | 12/15 |
| | complete and accurate as possible. Use Part 1 | | | Part 2 for craditors with NONDE | |
| Schedu eft. Att name a | ule G: Executory Contracts and Unexpired Lea ule D: Creditors Who Have Claims Secured by each the Continuation Page to this page. If you and case number (if known). | Property. If more space is need a have no information to report | led, copy t | he Part you need, fill it out, nur | mber the entries in the boxes on the |
| Part 1 | | | | | |
| | o any creditors have priority unsecured claims | s against you? | | | |
| | No. Go to Part 2. | | | | |
| Part 2 | Yes. List All of Your NONPRIORITY Unse | noured Claims | | | |
| | o any creditors have nonpriority unsecured cla | | | | |
| | | | | | |
| _ | No. You have nothing to report in this part. Subr | mit this form to the court with your | otner scne | dules. | |
| | Yes. | | | | |
| un tha | st all of your nonpriority unsecured claims in a secured claim, list the creditor separately for each an one creditor holds a particular claim, list the ot art 2. | h claim. For each claim listed, ide | ntify what ty | ype of claim it is. Do not list claim | ns already included in Part 1. If more |
| | | | | | Total claim |
| 4.1 | AFNI | Last 4 digits of account | number | 1402 | \$462.43 |
| | Nonpriority Creditor's Name | | 10 | 0044 | <u>-</u> |
| | 1310 Martin Luther King Dr. P.O. Box 3517 | When was the debt incu | urred? | 2011 | |
| | Bloomington, IL 61702-3517 | | | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY | unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising ou report as priority claims | t of a sepa | ration agreement or divorce that y | you did not |
| | ■ No | | rofit-sharin | g plans, and other similar debts | |
| | □ Yes | Other Specify Col | | | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 19 of 47

Debtor 1 Kiesha Malone Case number (if know) 4.2 \$582.09 **AMO Recoveries** Last 4 digits of account number 8851 Nonpriority Creditor's Name 6737 W. Washington, Suite 3118 When was the debt incurred? 01/2012 West Allis, WI 53214 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Us Cellular ☐ Yes 4.3 \$957.00 Ars Last 4 digits of account number 5025 Nonpriority Creditor's Name 1801 Nw 66th Ave When was the debt incurred? Fort Lauderdale, FL 33313 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Midwest Emergency Associates** 4.4 **Clinic for Women** Last 4 digits of account number 7236 \$1,264.75 Nonpriority Creditor's Name 810 Adams St., Ste 300 When was the debt incurred? 2008 Huntsville, AL 35801 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical bill** Other. Specify

Entered 01/20/17 21:10:05 Case 17-01797 Doc 1 Filed 01/20/17 Desc Main Document Page 20 of 47

Case number (if know)

Debtor 1 Kiesha Malone 4.5 \$50.00 **Credit Coll** Last 4 digits of account number 9360 Nonpriority Creditor's Name Po Box 607 When was the debt incurred? Norwood, MA 02062 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify 06 Esurance An Allstate Company ☐ Yes 4.6 **Credit Management Lp** Last 4 digits of account number 8961 \$517.00 Nonpriority Creditor's Name 4200 International Pkwv When was the debt incurred? **Opened 06/16** Carrollton, TX 75007 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Comcast Central** Other. Specify ☐ Yes Warehouse 4.7 **Debt Recovery Solution** Last 4 digits of account number 4520 \$344.00 Nonpriority Creditor's Name 6800 Jericho Turnpike When was the debt incurred? **Opened 12/15** Syosset, NY 11791 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection Attorney Cascade Capital Llc

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 21 of 47
Case number (if know)

| Enhanced Recovery Co L | Last 4 digits of account number | 4509 | \$363.00 |
|--|---|---|-----------------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | \$303.00 |
| Po Box 57547 | When was the debt incurred? | Opened 10/15 | |
| Jacksonville, FL 32241 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | , | one on an anal apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Collection Coke Com | Attorney People Gas Light And | |
| Eos Cca | Last 4 digits of account number | 6953 | \$520.00 |
| Nonpriority Creditor's Name Po Box 981008 | When was the debt incurred? | Opened 08/12 | |
| Boston, MA 02298 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| No | report as priority claims Debts to pension or profit-sharing | og plane, and other similar debte | |
| <u></u> | | | |
| ☐ Yes | Other. Specify Collection | Attorney At 1 Mobility | |
| Gatewyfinsol | Last 4 digits of account number | 0001 | \$10,859.00 |
| Nonpriority Creditor's Name | | Opened 2/10/16 Last Active | |
| Po Box 3257 Saginaw, MI 48605 | When was the debt incurred? | 11/23/16 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| \square Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | | | |
| — 163 | Other. Specify Automobile | <u> </u> | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 22 of 47
Case number (if know)

| Debtor | 1 Kiesha | a Ma | alone | | Case | e number (if know) | |
|----------------|-------------------------------|----------------------|--------------------------------------|---|-----------------|---|-------------------------|
| 4.1 | I C Syste | | | Last 4 digits of account number | 176 | 51 | \$613.95 |
| | Nonpriority Attn: Ba P.O. Box | nkrı | uptcy Department | When was the debt incurred? | 201 | 1 | |
| | | | WN 55164 City State Zlp Code | As of the date you file, the claim | is. Cha | ack all that apply | |
| | | | he debt? Check one. | As of the date you me, the dam | . One | sok ali tilat appiy | |
| | ■ Debtor | 1 only | / | ☐ Contingent | | | |
| | Debtor 2 | 2 only | , , | ☐ Unliquidated | | | |
| | | | Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least | one (| of the debtors and another | Type of NONPRIORITY unsecure | d clain | n: | |
| | ☐ Check i | if this | s claim is for a community | ☐ Student loans | | | |
| | debt Is the clain | n sub | oject to offset? | Obligations arising out of a separeport as priority claims | ration | agreement or divorce that you did not | |
| | ■ No | | | Debts to pension or profit-sharing | g plans | s, and other similar debts | |
| | ☐ Yes | | | ■ Other. Specify Collection | - ATT | - | |
| 4.1 | R.IM Acc | nuie | sitions, LLC | Last 4 digits of account number | 525 | 54 | \$956.71 |
| 2 | Nonpriority Attn: Ba | Cred nkr u | | When was the debt incurred? | | ~ | ψ330.71 |
| | | | 7 11791-4437 City State Zlp Code | As of the date you file, the claim | i s: Cha | ack all that apply | |
| | | | he debt? Check one. | As of the date you me, the dam | 13. One | ок ан шагарру | |
| | Debtor | 1 only | / | ☐ Contingent | | | |
| | Debtor 2 | 2 only | / | ☐ Unliquidated | | | |
| | ☐ Debtor | 1 and | Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least | one (| of the debtors and another | Type of NONPRIORITY unsecure | d clain | n: | |
| | ☐ Check i | if this | s claim is for a community | ☐ Student loans | | | |
| | Is the clain | n suk | pject to offset? | report as priority claims | | agreement or divorce that you did not | |
| | No | | | Debts to pension or profit-sharing | • | | |
| | ☐ Yes | | | Other. Specify 2011- Com | pass | Account collection | |
| Part 3 | List Ot | hers | to Be Notified About a Debt | That You Already Listed | | | |
| is try have | ing to collect more than o | t from | n you for a debt you owe to some | eone else, list the original creditor in ou listed in Parts 1 or 2, list the add | Parts | eady listed in Parts 1 or 2. For examp 1 or 2, then list the collection agency creditors here. If you do not have add | here. Similarly, if you |
| Part 4 | Add th | e An | nounts for Each Type of Unse | ecured Claim | | | |
| | the amount of unsecured | | | s. This information is for statistical r | eportir | ng purposes only. 28 U.S.C. §159. Add | d the amounts for each |
| | | 0- | Demostic compant ablications | | 0- | Total Claim | |
| | Total laims | 6a. | Domestic support obligations | | 6a. | \$ | - |
| from F | | 6b. | Taxes and certain other debts ye | ou owe the government | 6b. | \$ 0.00 | |
| | | 6c. | Claims for death or personal inju | | 6c. | \$ 0.00 | - |
| | | 6d. | Other. Add all other priority unsect | ured claims. Write that amount here. | 6d. | \$ | - |
| | | 6e. | Total Priority. Add lines 6a through | nh 6d. | 6e. | \$ | - |
| | | | | | | Total Claim | |
| | Total | 6f. | Student loans | | 6f. | \$0.00 | - |

from Part 2

\$

6g. Obligations arising out of a separation agreement or divorce that

0.00

Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Case 17-01797 Page 23 of 47 Case number (if know) Document

Debtor 1 Kiesha Malone

| 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
|-----|--|-----|-----------------|
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 17,489.93 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 17,489.93 |

| | | IAMAIIII | <u> </u> | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Kiesha Malone | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Derik Malone
24647 McClung Ln.
Athens, AL 35614

State what the contract or lease is for
Lease of 2 bedroom home. Debtor is the lessee.

| | | Docume | nt Page 25 d | of 47 | |
|---------------------------|---|-------------------------------|---------------------------|---|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Kiesha Malone | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | her | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Sched Codebtors | | re also liable for any deb | | | 12/15 te as possible. If two married eded, copy the Additional Page, |
| ill it out, a | | boxes on the left. Attach | the Additional Page t | | of any Additional Pages, write |
| 1. Do y | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| ■ No □ Yes | | | | | |
| □ 162 | • | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | | states and territories include |
| ■ No | Go to line 3. | | | | |
| ` | s. Did your spouse, former spo | ise or legal equivalent live | with you at the time? | | |
| — 103 | s. Dia your spouse, former spor | ase, or legal equivalent live | with you at the time: | | |
| in line Form out Co | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed the 06G). Use Schedule D, S | with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill litor to whom you owe the debt |
| | Name, Number, Street, City, State and Z | P Code | | Check all schedules | • |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | N 1 | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule G, line | |
| ī | Number Street | | | _ | |
| | City | State | ZIP Code | | |

Schedule H: Your Codebtors

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 26 of 47

| Fill | in this information to identify your c | ase: | | | | | | |
|--------------------|--|-------------------------------|--|----------------------|-------------------------|-------------------------------|--|-------|
| | otor 1 Kiesha Malo | | | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | |
| (If kr | fficial Form 106l | | - | | | 13 income | d filing ent showing postpetition chap as of the following date: | ter |
| | chedule I: Your Inc | ome | | | | MM / DD/ Y | | 12/15 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment** | are married and not filing wi | ng jointly, and your s ith you, do not includ | oouse i e inforr | s living w nation ab | ith you, incl out your spo | ude information about your ouse. If more space is neede | ed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-filing spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | ☐ Emple | oyed | | |
| | attach a separate page with information about additional | | ☐ Not employed | | | ☐ Not e | mployed | |
| | employers. | Occupation | Customer Servic | Customer Service Rep | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Conifer Health | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 3650 Dallas Park Frisco, TX 75034 | - | | | | |
| | | How long employed the | here? <u>1 year a</u> ı | nd 4 m | onths | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to rep | oort for | any line, v | vrite \$0 in the | space. Include your non-filing | j |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | mployers | for that perso | n on the lines below. If you no | eed |
| | | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,539.33 | \$N/A_ | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ <u>N/A</u> | |

Calculate gross Income. Add line 2 + line 3.

2,539.33

N/A

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 27 of 47

| Deb | tor 1 | Kiesha Malone | - | C | ase n | umber (if known) | | | | |
|-----|----------------------------|---|------|------|-------|---|------|--------------------|----------------|--|
| | | | | ı | For [| Debtor 1 | | Debtor filing s | 2 or spouse | |
| | Cop | by line 4 here | 4. | - | \$ | 2,539.33 | \$ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| - | 5a. | Tax, Medicare, and Social Security deductions | 5a | 9 | \$ | 452.10 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | 228.54 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d | . : | \$ | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | . : | \$ | 96.72 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g | | \$ | 0.00 | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | .+ 3 | \$ | 0.00 | + \$ | | N/A | <u>\</u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | S | 777.36 | \$ | | N/A | <u>. </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | S | 1,761.97 | \$ | | N/A | <u> </u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | . (| \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | . 9 | \$ | 0.00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | . (| \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d | . (| \$ | 0.00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e | . : | \$ | 0.00 | \$ | | N/A | <u> </u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g | | \$ | 0.00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | .+ 3 | \$ | 0.00 | + » | | N/A | <u></u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$ | | N/ | A |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 1 | ,761.97 + \$ | | N/A | = \$ | 1,761.97 |
| | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *— | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 14/7 | | 1,7 01.07 |
| 11. | Star Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | | | | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | 12. | \$ | 1,761.97 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | , | Combi month | ned ly income |
| | | No. | | | | | | | | |
| | | Voc Evoluin: | | | | | | | | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 28 of 47

| Fill | in this information to ide | ntify your case: | | | l | | |
|------|--|---|--|--|--------------------------------|---|---|
| Deb | otor 1 Kiesha | Malone | | | Chec | ck if this is: | |
| | otor 2 ouse, if filing) | | | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court | for the: NORTH | HERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Cas | se number | | | | | | |
| | nown) | | | | | | |
| 0 | fficial Form 10 | 16J | | | | | |
| | chedule J: Yo | | | | | | 12/15 |
| info | as complete and accur ormation. If more space mber (if known). Answe | e is needed, atta | . If two married people ar ach another sheet to this n. | e filing together, be form. On the top of | oth are equa f any addition | ally responsible fo onal pages, write y | or supplying correct your name and case |
| | t 1: Describe Your | Household | | | | | |
| 1. | Is this a joint case? No. Go to line 2. | | | | | | |
| | Yes. Does Debtor | 2 live in a separ | ate household? | | | | |
| | □ No | | | | | | |
| | ☐ Yes. Debtor | 2 must file Offic | ial Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Debi | tor 2. | |
| 2. | Do you have depende | ents? ■ No | | | | | |
| | Do not list Debtor 1 an Debtor 2. | d ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | | □ No |
| | dependents names. | | | | | | ☐ Yes ☐ No |
| | | | | | | | □ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No □ Yes |
| 3. | Do your expenses inc | | l _{No} | | | | — 103 |
| | expenses of people of yourself and your de | | Yes | | | | |
| D- | <u> </u> | | h. F | | | | |
| Est | | s of your bankr | iy Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | lude expenses paid for value of such assistar ficial Form 106I.) | with non-cash nce and have in | government assistance i cluded it on Schedule I:) | f you know our Income | | Your exp | enses |
| - | | | _ | | | | |
| 4. | The rental or home or payments and any ren | | nses for your residence. In or lot. | nclude first mortgage | e 4. \$ | | 800.00 |
| | If not included in line | 4: | | | | | |
| | 4a. Real estate taxe | | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeo | | | | 4b. \$ | | 0.00 |
| | | nce, repair, and i ssociation or con | upkeep expenses dominium dues | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | our residence. such as ho | me equity loans | 5. \$ | | 0.00 |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 29 of 47

| Debtor 1 Kiesh | a Malone | Case num | ber (if known) | | | |
|-----------------|--|----------------|--------------------|--------------------------|--|--|
| 6. Utilities: | | | | | | |
| | city, heat, natural gas | 6a. | \$ | 85.00 | | |
| | sewer, garbage collection | 6b. | · · | 0.00 | | |
| | none, cell phone, Internet, satellite, and cable services | 6c. | · | 80.00 | | |
| • | Specify: | 6d. | · | 0.00 | | |
| | pusekeeping supplies | 7. | · | 250.00 | | |
| | nd children's education costs | 8. | \$ | 0.00 | | |
| | undry, and dry cleaning | 9. | \$ | 50.00 | | |
| <u>-</u> . | · · | | · — | | | |
| | re products and services | 10. | · | 30.00 | | |
| | dental expenses | 11. | > | 0.00 | | |
| | ion. Include gas, maintenance, bus or train fare. le car payments. | 12. | \$ | 120.00 | | |
| | et car payments. ent, clubs, recreation, newspapers, magazines, and books | 13. | · | 45.00 | | |
| | | | · - | | | |
| | ontributions and religious donations | 14. | Φ | 0.00 | | |
| 5. Insurance. | le insurance deducted from your pay or included in lines 4 or 20. | | | | | |
| 15a. Life ins | | 15a. | \$ | 0.00 | | |
| 15b. Health | | 15a. 15b. | · | 0.00 | | |
| | | | · | | | |
| 15c. Vehicle | | 15c. | | 0.00 | | |
| | insurance. Specify: | 15d. | \$ | 0.00 | | |
| | ot include taxes deducted from your pay or included in lines 4 or 20. | 40 | Φ. | | | |
| Specify: | | 16. | \$ | 0.00 | | |
| | or lease payments: | 4- | • | 400.00 | | |
| | yments for Vehicle 1 | 17a. | · | 490.00 | | |
| | yments for Vehicle 2 | 17b. | · | 0.00 | | |
| 17c. Other. | · · | 17c. | · | 0.00 | | |
| 17d. Other. | Specify: | 17d. | \$ | 0.00 | | |
| | nts of alimony, maintenance, and support that you did not report a | | • | 0.00 | | |
| | om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) |). 18. | · · | 0.00 | | |
| | ents you make to support others who do not live with you. | | \$ | 0.00 | | |
| Specify: | | 19. | | | | |
| | roperty expenses not included in lines 4 or 5 of this form or on <i>Sci</i> | | | | | |
| | ages on other property | 20a. | · | 0.00 | | |
| 20b. Real e | state taxes | 20b. | \$ | 0.00 | | |
| | rty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 | | |
| 20d. Mainte | nance, repair, and upkeep expenses | 20d. | \$ | 0.00 | | |
| 20e. Homeo | owner's association or condominium dues | 20e. | \$ | 0.00 | | |
| I. Other: Speci | fv: | 21. | +\$ | 0.00 | | |
| | · - | | · Ψ | 0.00 | | |
| • | our monthly expenses | | | | | |
| 22a. Add line | es 4 through 21. | | \$ | 1,950.00 | | |
| 22b. Copy lin | e 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | | | |
| 22c. Add line | 22a and 22b. The result is your monthly expenses. | | \$ | 1,950.00 | | |
| | | | · ——— | .,000100 | | |
| • | our monthly net income. | | | | | |
| 23a. Copy li | ine 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,761.97 | | |
| 23b. Copy y | our monthly expenses from line 22c above. | 23b. | -\$ | 1,950.00 | | |
| | | | | · | | |
| 23c. Subtra | ct your monthly expenses from your monthly income. | | | 400.00 | | |
| The re | sult is your monthly net income. | 23c. | \$ | -188.03 | | |
| | | | | | | |
| | Do you expect an increase or decrease in your expenses within the year after you file this form? | | | | | |
| | lo you expect to finish paying for your car loan within the year or do you expect yo | our mortgage (| payment to increas | se or decrease because o | | |
| | the terms of your mortgage? | | | | | |
| No. | | | | | | |
| ☐ Yes. | Explain here: | | | | | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 30 of 47

| Fill in this inforn | nation to identify your | case: | | | |
|---------------------------------------|--|--------------------------|------------------------------|-------------------------|---|
| Debtor 1 | Kiesha Malone | | | | |
| 5 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRIC | Γ OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forn | | | | | |
| Declarat | ion About a | an Individual | Debtor's Sc | hedules | 12/15 |
| obtaining money years, or both. 18 | | in connection with a ban | | | ment, concealing property, or 0, or imprisonment for up to 20 |
| Did you pay | y or agree to pay some | eone who is NOT an atto | rney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | Ity of perjury, I declare e true and correct. | that I have read the sun | nmary and schedules filed | l with this declaration | n and |
| X /s/ Kies | sha Malone | | X | | |
| | Malone re of Debtor 1 | | Signature of I | Debtor 2 | |

Date _____

Date **January 20, 2017**

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 31 of 47

| Fill in | this inform | ation to identify you | r case: | | | |
|------------------|--------------------------------|---|--|--|---|---|
| Debto | or 1 | Kiesha Malone | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto (Spouse | or 2 e if, filing) | First Name | Middle Name | Last Name | | |
| United | d States Ban | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| _ | | | | | | |
| (if know | number | | | | _ | check if this is an mended filing |
| Offi | cial For | m 107 | | | | |
| | | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/10 |
| inform | nation. If mo er (if known) | ore space is needed,). Answer every que | attach a separate sheet to | this form. On the top of any | equally responsible for sup vadditional pages, write you | plying correct ır name and case |
| | | current marital statu | | | | |
| | ☐ Married ■ Not marri | ied | | | | |
| , n | | | lived enverbage other than | where you live new? | | |
| 2. D | uring the la | st 3 years, nave you | lived anywhere other than | where you live now? | | |
| | No Yes. List | all of the places you l | ived in the last 3 years. Do no | ot include where you live now | ' . | |
| I | Debtor 1 Price | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | No | | | | | |
| | Yes. Mak | ce sure you fill out Scl | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explain | the Sources of You | r Income | | | |
| F | ill in the total | amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| |] No | | | | | |
| | Yes. Fill i | n the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ast calendar ary 1 to Dec | year: cember 31, 2016) | ■ Wages, commissions, bonuses, tips | \$23,346.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Case 17-01797 Document

Page 32 of 47
Case number (if known) Debtor 1 Kiesha Malone

| | | | | Debtor 1 | | Debtor 2 | | | |
|-----|---|---|--|--|---|--|--|---|--|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$20,284.00 | ☐ Wages, com bonuses, tips | ☐ Wages, commissions, bonuses, tips | | |
| | | | | ☐ Operating a business | | ☐ Operating a | ousiness | | |
| | r the calen inuary 1 to | idar year: December | 31, 2014) | ■ Wages, commissions, bonuses, tips | \$20,120.00 | ☐ Wages, com bonuses, tips | missions, | | |
| | | | | ☐ Operating a business | | ☐ Operating a | ousiness | | |
| 5. | Include in and other winnings. List each | come regar public bene If you are fi | dless of wheth efit payments; ling a joint cas the gross inco | e during this year or the two er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separate | amples of other income are test; dividends; money colle you received together, list it | alimony; child supp cted from lawsuits; only once under De | royalties; and btor 1. | | |
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of incorporation Describe below. | | Gross income (before deductions and exclusions) | |
| Pai | rt 3: Lis | t Certain P | ayments You | Made Before You Filed for | Bankruptcy | | | | |
| 6. | □ No. | Neither Dindividual During the No. Yes * Subject | pebtor 1 nor D primarily for a e 90 days befor Go to line 7 List below e paid that cru not include to adjustment or Debtor 2 o e 90 days befor Go to line 7 List below e | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years r both have primarily consure you filed for bankruptcy, di | Imer debts. Consumer debtled purpose." d you pay any creditor a tot d a total of \$6,425* or more ats for domestic support oblinis bankruptcy case. Is after that for cases filed or imer debts. d you pay any creditor a tot d a total of \$600 or more ar | al of \$6,425* or more pay gations, such as che or after the date or all of \$600 or more? | e? ments and the support and support and the support and support support and support support and support support and support support and support support and support support and support support and support and support support and support support suppo | ne total amount you nd alimony. Also, do | |
| | | | | ments for domestic support of this bankruptcy case. | oligations, such as child sup | pport and allmony. <i>F</i> | iiso, do not ii | nciude payments to an | |
| | Creditor | 's Name ar | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | payment for | |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 33 of 47

| Debloi | Kiesna Maione | | Cas | e number (# known) | | |
|---------------------------|---|--|--|--|-------------------------------------|--|
| <i>Ins</i> of v a b | thin 1 year before you filed for bankruliders include your relatives; any general which you are an officer, director, person usiness you operate as a sole proprietor nony. | partners; relatives of any gen in control, or owner of 20% of | neral partners; partners or more of their voting | erships of which yo g securities; and a | ou are a general ny managing ago | partner; corporations ent, including one fo |
| | No Yes. List all payments to an insider. | | | | | |
| In | sider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | nis payment |
| ins | thin 1 year before you filed for bankru ider? lude payments on debts guaranteed or c | | • | | ccount of a dek | ot that benefited an |
| = | No | | | | | |
| | Yes. List all payments to an insider | | | _ | | |
| In | sider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credite | |
| Part 4: | Identify Legal Actions, Repossessi | ons, and Foreclosures | | | | |
| | t all such matters, including personal inju difications, and contract disputes. No Yes. Fill in the details. | ry cases, small claims actior | ns, divorces, collectio | n suits, paternity a | ctions, support o | or custody |
| | ase title ase number | Nature of the case | Court or agency | | Status of the | case |
| | thin 1 year before you filed for bankru eck all that apply and fill in the details be | | erty repossessed, f | oreclosed, garnis | shed, attached, | seized, or levied? |
| | No. Go to line 11. | | | | | |
| | Yes. Fill in the information below. | | | | | |
| Cı | editor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | d | | | property |
| | ateway Financial Solutions O. Box 3257 | 2006 Hyundai Elantı | ra 4 Cylinder | 10/1 | 1/2016 | Unknown |
| | aginaw, MI 48605 | ■ Property was reposs | essed. | | | |
| | | ☐ Property was foreclo | sed. | | | |
| | | □ Property was garnish | ned. | | | |
| | | ☐ Property was attached | ed, seized or levied. | | | |
| | thin 90 days before you filed for bankr counts or refuse to make a payment be No Yes. Fill in the details. | | cluding a bank or fir | nancial institutior | ı, set off any an | nounts from your |
| _ | reditor Name and Address | Describe the action th | e creditor took | Date | action was | Amount |
| O. | Julio, Hamo and Hadroso | | | taker | | 711104111 |
| | thin 1 year before you filed for bankru urt-appointed receiver, a custodian, or | | erty in the possess | ion of an assigne | e for the benefi | t of creditors, a |

■ No □ Yes

Page 34 of 47
Case number (if known) Document Debtor 1 Kiesha Malone

| Pa | rt 5: List Certain Gifts and Contributions | | | | | | | | |
|-----|---|---|-----------------------------------|---------------------------|--|--|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift. | , did you give any gifts with a total value of more t | han \$600 per person [•] | ? | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift or contrib | , did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value | | | | | |
| Pa | rt 6: List Certain Losses | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or gambling? ■ No □ Yes. Fill in the details. | or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, | | | | | |
| | how the loss occurred Inclu- | eribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | | | |
| Pa | rt 7: List Certain Payments or Transfers | | | | | | | | |
| 16. | | | | | | | | | |
| | □ No ■ Yes. Fill in the details. | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Hoard Law, P.C. 3725 W. Montrose Ave. Chicago, IL 60618 michael@hoardlaw.com | Attorney Fees | 10/01/2016 | \$1,165.00 | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li | | or transfer any prope | rty to anyone who | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Yes. Fill in the details. Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | | | |

Entered 01/20/17 21:10:05 Desc Main Case 17-01797 Doc 1 Filed 01/20/17 Page 35 of 47
Case number (if known) Document

Debtor 1 Kiesha Malone

| Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than propert transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | |
|---|---|--|-----------------|-------------|---|---|--|
| | ☐ Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and v property transfer | | payme | ibe any property or ents received or debts n exchange | Date transfer was made | |
| | Person's relationship to you | | | | | | |
| 9. | Within 10 years before you filed for bankrul beneficiary? (These are often called asset-pro | | y property to a | self-settle | d trust or similar device | of which you are a | |
| | No☐ Yes. Fill in the details. | | | | | | |
| | Name of trust Description and value of the property transferred | | | | | Date Transfer was made | |
| | | | | | | maue | |
| Pa | List of Certain Financial Accounts, In | struments, Safe Deposit | Boxes, and St | orage Unit | S | | |
| 20. | Within 1 year before you filed for bankrupto | cy, were any financial ac | counts or instr | uments he | ld in your name, or for yo | our benefit, closed, | |
| | sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, asso | | | | ; shares in banks, credit | unions, brokerage | |
| | No | | | | | | |
| | Yes. Fill in the details. | | _ | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed for | bankruptcy, ar | ny safe dep | oosit box or other deposi | tory for securities, | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit | or place other than your | home within 1 | year befor | e you filed for bankrupto | y? | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? | |
| Pa | rt 9: Identify Property You Hold or Control | , | | | | | |
| ια | identify Property Four fold of Control | TO Someone Lise | | | | | |
| 23. | Do you hold or control any property that so for someone. | omeone else owns? Inclu | ude any proper | ty you borr | owed from, are storing f | or, or hold in trust | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value | |
| Par | rt 10: Give Details About Environmental Inf | , | | | | | |
| | the purpose of Part 10, the following definiti | | | | | | |
| vi | THE PULL POSE OF FAIL TO, THE TOHOWING UPININ | UDDIV. | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Desc Main Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Page 36 of 47
Case number (if known) Document

Debtor 1 Kiesha Malone

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| eport all notices, releases, and proceedings that you know about, regardless of when they occurred. | | | | | | | | | |
|--|---|--|-------------------------------------|--|---|--|--|--|--|
| Has | any governmental unit notified you that | you may be liable or potentially liable | unc | der or in violation of an environme | ntal law? | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | | |
| Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | | | |
| | No Yes. Fill in the details. | | | | | | | | |
| | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | | | |
| Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | | | |
| ■ No □ Yes. Fill in the details. | | | | | | | | | |
| _ | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | | |
| 11: | Give Details About Your Business or | Connections to Any Business | | | | | | | |
| Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | | | |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | |
| | ☐ A member of a limited liability comp | any (LLC) or limited liability partnersh | ip (L | _LP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | | |
| | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to P | art 12. | | | | | | | |
| | Yes. Check all that apply above and fill | in the details below for each business | S. | | | | | | |
| | | Describe the nature of the business | | | | | | | |
| | | Name of accountant or bookkeeper | | Dates business existed | | | | | |
| | | cy, did you give a financial statement t | to ar | nyone about your business? Inclu | de all financial | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details below. | | | | | | | | |
| Ad | dress | Date Issued | | | | | | | |
| | Has Naid Nada Nada Nada Nada Nada Nada Nada | As any governmental unit notified you that No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number It Give Details About Your Business or of the Number of a limited liability comp A member of a limited liability comp A partner in a partnership An officer, director, or managing executed and the No. None of the above applies. Go to P Yes. Check all that apply above and fill Business Name Address (Number, Street, City, State and ZIP Code) No Within 2 years before you filed for bankruptonstitutions, creditors, or other parties. No | No Yes. Fill in the details. No | No No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Adve you been a party in any judicial or administrative proceeding under any environ No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) Its Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of A sole proprietor or self-employed in a trade, profession, or other activity, eith A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Nomber, Street, City, State and ZIP Code) Nomber, Street, City, State and ZIP Code) Nomber Street, City, State and ZIP Code) Nomber, Street, City, State and ZIP Code) Nomber Street, City, State and ZIP Code) Nomber Street, Ci | As any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental No | | | | |

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6

Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Case 17-01797 Page 37 of 47
Case number (if known) Document

Debtor 1 Kiesha Malone

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Kiesha | Malone | |
|---------------|------------------|---|
| Kiesha Malone | | Signature of Debtor 2 |
| Signature of | f Debtor 1 | |
| Date Janu | uary 20, 2017 | Date |
| Did you attad | ch additional pa | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| □ Yes | | |
| Did you pay | or agree to pay | someone who is not an attorney to help you fill out bankruptcy forms? |
| No | | |
| ☐ Yes. Name | e of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 38 of 47

| Fill in this inform | nation to identify your | case: | | | | |
|---------------------------------------|--|-----------------------|---|---|-------------------|---|
| Debtor 1 | Kiesha Malone | | | | | |
| | First Name | Middle Name | | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States Ban | nkruptcy Court for the: | NORTHERN DIST | TRICT OF ILLIN | NOIS | | |
| Coop number | | | | | | |
| Case number | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| Official Fam | 100 | | | | | |
| Official For | | n for Indiv | ا مادماد | Eiling Undor <i>(</i> | Chantar | 7 |
| Statemen | t or intentio | n ior maiv | iduais i | Filing Under (| Chapter | 12/15 |
| If you are an indiv | vidual filing under chap | pter 7, you must fill | l out this form | if: | | |
| creditors have | claims secured by you | ur property, or | | | | |
| | ed personal property a | | | | . d d. ((f. | and the acceptance of any different |
| | er is earlier, unless th | | | | | or the meeting of creditors, editors and lessors you list |
| • | ople are filing together | in a joint case, bo | th are equally | responsible for supplying | ng correct infor | mation. Both debtors must |
| Be as complete a | nd accurate as possib | le. If more space is | needed, attac | ch a separate sheet to thi | is form. On the | top of any additional pages, |
| | ur name and case nun | | , | | | asp or any annual pages, |
| Part 1: List Yo | ur Creditors Who Have | e Secured Claims | | | | |
| 1. For any credito | rs that you listed in Pa | art 1 of Schedule D | : Creditors Wh | no Have Claims Secured | by Property (O | fficial Form 106D), fill in the |
| information bel | - | | | | | |
| identity the cree | untor and the property the | iat is collateral | secures a d | u intend to do with the p ebt? | roperty that | Did you claim the property as exempt on Schedule C? |
| | | | | | | |
| Creditor's Ar | merican Credit Acce | pt | Surrende | r the property. | | □ No |
| name: | | | | ne property and redeem it. | | Yes |
| Description of | 2014 Chrysler 200 | 35374 miles | | e property and enter into a ation Aareement. | l | – 165 |
| property | Vehicle is in good | | _ | e property and [explain]: | | |
| securing debt: | Value retrieved fro Book on Novembe | | | | | |
| | | | | | | |
| | ur Unexpired Personal | | in Schedule G | : Executory Contracts a | nd Unavnirad I | eases (Official Form 106G), fill |
| in the information | below. Do not list rea | I estate leases. Un | expired leases | | in effect; the le | ase period has not yet ended. |
| Describe your ur | nexpired personal prop | perty leases | | | W | ill the lease be assumed? |
| Loccoric name: | | | | | | |
| Lessor's name: Description of leas | sed | | | | Ц | No |
| Property: | | | | | | Yes |
| Lessor's name: | and | | | | | No |
| Description of least Property: | sea | | | | | Yes |
| | | | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 39 of 47

| Del | otor 1 | Kiesha Malone | Case number (if known) | |
|------|---------------------|--|--|----|
| | | | | |
| | sor's n | | □ No | |
| | scription perty: | n of leased | П. и | |
| 1 10 | porty. | | ☐ Yes | |
| Les | sor's n | ame: | □ No | |
| | | n of leased | _ | |
| FIC | perty: | | ☐ Yes | |
| Les | sor's n | ame: | □ No | |
| | | n of leased | | |
| FIC | perty: | | ☐ Yes | |
| Les | sor's n | ame: | □ No | |
| | | n of leased | <u>_</u> | |
| Pro | perty: | | ☐ Yes | |
| Les | sor's n | ame: | □ No | |
| | | n of leased | _ | |
| PIC | perty: | | ☐ Yes | |
| Pai | t 3: | Sign Below | | |
| | _ | | | |
| | | alty of perjury, I declare that I have indicate nat is subject to an unexpired lease. | d my intention about any property of my estate that secures a debt and any persona | ıl |
| | | , | | |
| X | | iesha Malone | X Signature of Debtor 2 | |
| | | ha Malone ature of Debtor 1 | Signature of Debtor 2 | |
| | Sigila | iture of Deptor 1 | | |
| | Date | January 20, 2017 | Date | |
| | | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation |
|------------|--------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| | + \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-01797 Doc 1 Filed 01/20/17 Entered 01/20/17 21:10:05 Desc Main Document Page 44 of 47

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | e Kiesha Malone | | Case No. | | |
|------|--|--------------------------------------|-----------------------|------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPEN | NSATION OF ATTOR | RNEY FOR DE | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20166 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be paid | to me, for services re | |
| | For legal services, I have agreed to accept | | \$ | 1,165.00 | |
| | Prior to the filing of this statement I have received | | | 1,165.00 | |
| | Balance Due | | | 0.00 | |
| 2. | \$335.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | ensation with any other person | unless they are mem | bers and associates of | my law firm. |
| | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the narrows. | | | | aw firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to re | nder legal service for all aspects | s of the bankruptcy c | ease, including: | |
| | a. Analysis of the debtor's financial situation, and rendeb. Preparation and filing of any petition, schedules, statec. Representation of the debtor at the meeting of credited. [Other provisions as needed] | ement of affairs and plan which | may be required; | - | ruptcy; |
| 7. | By agreement with the debtor(s), the above-disclosed fee | e does not include the following | service: | | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding. | y agreement or arrangement for | payment to me for re | epresentation of the d | ebtor(s) in |
| . | January 20, 2017 | /s/ Michael Hoard | | | |
| _ | Date | Michael Hoard | | | |
| | | Signature of Attorne Hoard Law, P.C. | y | | |
| | | 6000 Fairview Rd | ., 12th Fl. | | |
| | | Charlotte, NC 282 | • | | |
| | | 704-954-8094 michael@hoardla | w oom | | |
| | | Mama of law firm | w.com | | — |

United States Bankruptcy Court Northern District of Illinois

| In re | Kiesha Malone | | Case No. | |
|-------|--|---|-----------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VE | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: | 14 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | ors is true and | correct to the best of my |
| Date: | January 20, 2017 | /s/ Kiesha Malone Kiesha Malone | | |

AFNI 1310 Martin Luther King Dr. P.O. Box 3517 Bloomington, IL 61702-3517

American Credit Accept 961 E Main St Spartanburg, SC 29302

AMO Recoveries 6737 W. Washington, Suite 3118 West Allis, WI 53214

Ars 1801 Nw 66th Ave Fort Lauderdale, FL 33313

Clinic for Women 810 Adams St., Ste 300 Huntsville, AL 35801

Credit Coll Po Box 607 Norwood, MA 02062

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Debt Recovery Solution 6800 Jericho Turnpike Syosset, NY 11791

Derik Malone 24647 McClung Ln. Athens, AL 35614

Enhanced Recovery Co L Po Box 57547 Jacksonville, FL 32241

Eos Cca Po Box 981008 Boston, MA 02298 Gatewyfinsol Po Box 3257 Saginaw, MI 48605

I C System Attn: Bankruptcy Department P.O. Box 64378 Saint Paul, MN 55164

RJM Acquisitions, LLC Attn: Bankruptcy Department 575 Underhill Blvd., Ste. 224 Syosset, NY 11791-4437